

Section II

HUD Application Section

This Section contains information on the two programs for which you can apply. They are the Supportive Housing and the Shelter Plus Care programs. The purpose of the housing section of this collaborative Notice of Funding Availability (NOFA) and application is to provide specific guidance on accessing financial resources for the provision of housing for chronically homeless persons and homeless families with a disabled adult member when proposed as part of homeless assistance projects in which housing is directly linked to needed supportive services funded through other components of this application or through other sources.

The Supportive Housing Program (SHP) promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below. **For this application and NOFA, only two components are eligible for funding and all SHP projects must be for a three (3) year grant term.**

(1) Permanent Housing for Persons with Disabilities (PH) is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. All PH for Persons with Disabilities projects must comply with the program size limitations, as described in Section 424 (c) of the Stewart B. McKinney-Vento Homeless Assistance Act, as amended.

(2) Safe Haven (SH) projects must meet the following criteria: (1) have **no** limit on length of stay; (2) serve hard to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis.

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing.

The Shelter Plus Care (S+C) program components were created by statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type from group settings to apartments. You may design a program that has participants' first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within a S+C unit. The components that may be applied for are: tenant-based rental assistance, sponsor-based rental assistance and project-based rental assistance without rehabilitation. **For this NOFA, all Shelter Plus Care projects will be for a five (5) year grant term.**

Glossary

Applicant. An entity that applies to HUD for funds. In order to be an applicant, you must submit an SF 424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant may also be a project sponsor.

Applicant Certification. The form, required by law, in which an applicant certifies that it will adhere to certain statutory requirements, such as the Civil Rights Act of 1964.

Consolidated Plan. A long-term housing and community development plan developed by State and local governments and approved by HUD. The Consolidated Plan contains information on homeless populations. The plan also contains both narratives and maps, the latter developed by localities using software provided by HUD.

Consolidated Plan Certification. The form, required by law, in which a state or local official certifies that the proposed activities or projects are consistent with the jurisdiction's Consolidated Plan and, if the applicant is a State or unit of local government, that the jurisdiction is following its Consolidated Plan.

Homeless Person. A person sleeping in a place not meant for human habitation or in an emergency shelter. The programs covered by this application are not for populations who are at risk of becoming homeless.

NOFA. Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements.

Private Nonprofit Status (includes faith-based and community-based organizations). Private nonprofit status is documented by submitting either: a) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or b) documentation showing that the applicant is a certified United Way agency; or c) a certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

1. Accurate, current and complete disclosure of the financial results of each federally-sponsored project.
2. Records that identify adequately the source and application of funds for federally-sponsored activities.
3. Effective control over and accountability for all funds, property and other assets.
4. Comparison of outlays with budget amounts.
5. Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S.

Treasury and the use of the funds for program purposes.

6. Written procedures for determining the reasonableness, allocability and allowability of costs.
7. Accounting records including cost accounting records that are supported by source documentation.

Public Nonprofit Status. Public nonprofit status is documented for community mental health centers by including a letter or other document from an authorized official stating that the organization is a public nonprofit organization.

Project Sponsor. The primary organization responsible for carrying out the proposed project activities. A project sponsor does not submit an SF 424, unless it is also the applicant.

Standard Form (SF) 424. The information sheet required to be submitted by applicants requesting Federal Assistance.

Supportive Housing Program Guidance

Eligible and Ineligible Activities and Limitations. There are five activities that can be funded under SHP under this NOFA and application for chronic homelessness. They are: acquisition, minor rehabilitation, leasing, operating costs, and administrative costs. Specific activities that are ***not eligible*** by law under the program components include:

- Support for permanent housing for nondisabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- Rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation that exceeds statutory funding limitations. (See section I of this Section for the specific limits.)
- Homeless prevention activities.

Match. SHP funds provided for acquisition and rehabilitation must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs.

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR Part 35. New Lead-Based Paint procedures are now in effect for the selectees in the Homeless Assistance Competition. Because these requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in this section according to the SHP program you propose to carry out, using the numbering below. **Responses to items 1 through 5 should not exceed 15 pages. HUD will not consider the contents of any pages exceeding this limit when rating this section.**

If you are not applying for SHP funding, please respond to items 1 through 5.

1. **Project summary.** Please provide the following:

- a. Applicant **and** sponsor names
- b. Program component
- c. Total SHP request
- d. Activities for which you are requesting funds
- e. The type of housing (e.g., apartments) proposed
- f. The population(s) to be served

2. **Homeless population to be served.** Briefly describe the following:

- a. Their characteristics and need for housing and supportive services.
- b. Where they will come from (e.g., streets and emergency shelters).
- c. The outreach plan to bring them into the project.

3. **Project (Housing) Quality**

Up to 10 points will be awarded based on the extent to which your application demonstrates how the housing is appropriate to the needs of the persons to be served.

- a. Describe how the TYPE (e.g. apartments) **and** SCALE (e.g. number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
- b. Describe how the basic COMMUNITY AMENITIES (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) will readily be accessible to your clients.
- c. Describe how the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
- d. Describe how services **and** treatment will be LINKED to permanent housing so that the target population will be sustained in that housing.
- e. For the permanent housing for persons with disabilities component where more than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.

4. Applicant Capacity

Up to 10 points will be awarded based on the experience of the applicant/sponsor involved in carrying out the project.

- a. Describe the project applicant's/sponsor's experience specifically in providing housing, especially for the population to be assisted by this project.
- b. Describe the project applicant's/sponsor's performance in administering housing activities, especially in serving the population to be assisted by this project.

5. Timeliness

Up to 10 points will be awarded based on the demonstrated ability of the applicant and project sponsor to execute the program in a timely manner.

- a. Describe the applicant's and project sponsor's ability to achieve rapid project start-up based on site control, permitting, minor rehabilitation, and rehab and occupancy schedules.
- b. Describe the applicant's and project sponsor's ability to outreach to the target population and swiftly bring them into the program and occupy all units committed in the application.

[To be completed only by applicants requesting SHP funding.]

Section B. Project Information (please type or print)

Project Name:	
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section C. Program Component/Types

1. Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/types are:

☐ Permanent Housing for Persons with Disabilities

☐ Safe Havens

Section D. Existing Facilities and/or Activities Serving Homeless

Persons (To be completed for new projects)

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?

☐ Yes (Check one or more of the activities below that describe your proposed project, and proceed to section E.)

☐ No (Skip to section E.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the three purposes listed below. SHP cannot be used to fund ongoing activities. My project will:

☐ Increase the number of homeless persons served.

☐ Bring existing facilities up to a level that meets State and local government health and safety standards. **If this box is checked, you must describe what standards the facility is not meeting, and why it does not meet the standards you described.**

Section E. Number of Beds and Participants

Section E is composed of two charts:

Chart 1 is for recording the number of beds/bedrooms in the project.

Chart 2 is for recording the number of participants to be served.

Complete Chart 1 and Chart 2 based on the following instructions.

1. In the **first column**, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked “Yes” in section D. If you checked “No” in section D enter “N/A” in this column.
2. In the **second column**, enter the new number of beds and persons served at a point in time if this project is funded.
3. In the **third column**, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the **fourth column**, enter the number of persons to be served over the grant term.

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms				
Number of beds				

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section E.

Section F. Operations Budget

Complete the Chart on the following page for your new project's total operations budget.

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs not listed on the chart that will be paid for using SHP funding. For staff positions, please include the job title, salary, percent of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 5, Operations, in your Project Budget in Section I.

In the second column, enter the amount of SHP funding requested for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project is eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds **may not** be used to pay for the following costs:

- Operating costs of a supportive services only facility;
- Administrative expenses such as audits and preparing HUD reports;
- Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

Example:

Operating Costs	SHP Dollars Requested (3 years)
Utilities	\$32,000
Maintenance Engineer (salary, % time, fringe benefits) \$40,000/annually .20 x .15 fringe benefits x 3 years = \$18,400	\$27,600

Chart: Operating Costs

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the term of the project.

Operating Costs	SHP Dollars Requested (3 years)
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food (perishable/non-perishable)	
Other operating costs (please specify**)	
Other operating costs (please specify**)	
Other operating costs (please specify**)	
Total SHP Dollars Requested *	
Total Operating Costs Budget***	

**Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 5, of the Project Budget portion of Section I.*

***If not specified, the costs will be removed from the budget.*

****The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 5 of the Project Budget portion of Section I.*

Section G. Leasing

SHP funds may be used to lease space for supportive housing. If you are requesting SHP leasing funds, fill out the appropriate table(s) that follows. Housing space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations that are members of a general partnership where the general partnership owns the structure.**

A. Leased Unit(s) for Housing

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Section as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 30, 2002. (FMRs may be found using this WEB site: <http://www.huduser.org/datasets/fmr.html>) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts and **submit your approval letter** with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and, therefore, an FMR or actual rent can be used. ***If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.***

Chart A:

Name of metropolitan or non-metropolitan FMR area:

Address (indicate if scattered site):

Size of units	No. of units	FMR or actual rent	No. of months	Total (d)
1. SRO	x			
2. 0 bdrm	x			
3. 1 bdrm	x			
4. 2 bdrm	x			
5. 3 bdrm	x			
6. 4 bdrm	x			
7. 5 bdrm	x			
8. 6 bdrm	x			
9. Other	x			
10. Totals				\$

B. Leased Structure(s) for Housing

If you will lease a structure or portion of a structure for housing, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is **not** applicable.

Chart B:

Structure 1	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address:

Section H. Homeless Veterans

- Are veterans among the homeless subpopulations your project will specifically target and intends to serve?
☐ Yes ☐ No
- If your answer to question #1 is yes, are veterans the primary target population of your proposed project?
☐ Yes ☐ No

Section I. Budget

Section I consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions. **The project budget is to be used for all projects.**

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities **combined** is limited by law to between \$200,000 and \$400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

If you request funds for acquisition and/or rehabilitation, the law requires that you **match** the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the “SHP Request” column. You may request funding for three years. The **three-year** term will be the same for leasing, and operations. *In the “Applicant Cash” column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the “Total Budget” amount for the project, as shown in the last column.*

If your project contains one structure or no structures this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

Applicants requesting funds for acquisition and/or rehabilitation must comply with Section 423 of the Stewart B. McKinney-Vento Homeless Assistance Act, as amended.

Part I. The grant term for all projects is for 3 years.

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. Subtotal (lines 1 and 2)	*		
4. Real Property Leasing (three years)			
5. Operations (three years)	**		
6. SHP Request (subtotal lines 3 through 5)			
7. Administrative Costs (up to 5% of line 6)	***		
8. Total SHP Request (total lines 6 and 7)			

* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

** By law, SHP can pay no more than 75% of the **total** operating budget.

*** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. **State and local government applicants** and project sponsors **must** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to the HUD Section II of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

Structure Budget for Projects With More Than One Structure

If your project contains only one structure or no structures, please fill out **only** the project budget *on the previous page*. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing and operations, the amounts you enter should be for **three years**, which is the SHP grant term. The term will be the same for leasing and operations. In the second column, enter the total cost for each line item, which is the SHP request **plus** all other funds needed to pay for each line item. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. Real Property Leasing		
4. Operations		
5. Total		

Structure B

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. Real Property Leasing		
4. Operations		
5. Total		

Structure C

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. Real Property Leasing		
4. Operations		
5. Total		

Structure D

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. Real Property Leasing		
4. Operations		
5. Total		

Section J. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
☐ Severely Mentally Ill
☐ Chronic Substance Abusers
☐ Dually Diagnosed
☐ AIDS or Related Diseases
2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
☐ Yes
☐ No
3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as “primarily religious” for purposes of applying HUD’s church/state limitations. For example, while the YMCA is often not considered “primarily religious” under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
☐ Yes
☐ No
4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
☐ Yes
☐ No

If “yes,” please provide the name of the military installation: _____

Shelter Plus Care Program (S+C) Guidance

This Section is for Shelter Plus Care projects. Eligible applicants for this program are States, units of local government and Public Housing Authorities.

Program Components

Shelter Plus Care (S+C) components were created by statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type, from apartments to SRO-type units. You may design a program that has participants' first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within a S+C unit.

Participants in S+C units receive supportive services. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party. Rental assistance provided through the S+C program must be matched in the aggregate on a dollar for dollar basis by the recipient with supportive services.

Tenant-based Rental Assistance (TRA) provides rental assistance that permits participants to choose their own housing. Participants retain the rental assistance even if they move. To help you provide supportive services or for purposes of controlling housing costs, you may require participants to live in a particular structure for the first year of assistance or to live in a particular area for the entire rental assistance period.

Sponsor-based Rental Assistance (SRA) provides rental assistance through contract(s) between the grant recipient and nonprofit organization(s), called a sponsor. The nonprofit organization may be a private nonprofit organization or a community mental health center established as a public nonprofit organization. The assisted units must be owned or leased by the sponsor. After a grant is awarded, should the sponsor lose its capacity to own or lease the assisted units, the grantee must identify an alternate sponsor in order to continue to serve the original number of persons proposed to be served.

Project-based Rental Assistance (PRA) provides rental assistance through a contract with a building owner(s). An applicant must enter into a contract with the building owner(s) for the full five-year period of assistance. The building owner must agree to accept eligible S+C participants to live in an assisted unit for this time period.

Persons With Disabilities

To be eligible to participate in a Shelter Plus Care funded project, a person must be both homeless and disabled. In the case of a homeless family, at least one adult member must be considered disabled.

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; **and**
- Is such a nature that the disability could be improved by more suitable housing conditions. The disability may be a physical, mental, or emotional impairment, including an impairment due solely to alcohol or drug abuse.

Several disabilities are specifically targeted by the S+C Program. These targeted disabilities are:

- Serious mental illness
- Chronic alcohol and/or other drug abuse
- AIDS or related diseases

The disability may also be developmental. A severe, chronic developmental disability is characterized as

- Being caused by mental or physical impairment;
- Manifested before the person is 22 years old;
- Likely to continue indefinitely;
- Reflecting a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and
- Resulting in substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

Component Comparisons

Element	TRA	SRA	PRA
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor(s) or other entity under contract to recipient	Recipient or other entity under contract to recipient
Type of Housing	Variety of types ranging from group settings to independent living units	Variety of types ranging from group settings to independent living units	Variety of types ranging from group settings to independent living units
Living Requirements	Participants choose; recipient may require participant to live in a particular structure in first year and within a particular area in all years	Must live in structure owned or leased by sponsor	Must live in unit in particular property that is assisted
Eligible Participants	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any
Housing Quality Standards	24 CFR 982.401	24 CFR 982.401	24 CFR 982.401
Term of Assistance	5 Years	5 Years	5 Years
Unit (Contract) Rent	Reasonable rent	Reasonable rent	Reasonable rent

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to **all** of the items in this section. A project may include no more than one component and may be carried out by no more than one project sponsor. **Responses to items 1 through 5 should not exceed 15 pages. HUD will not consider the contents of any pages exceeding this limit when rating this section.**

If you are not applying for Shelter Plus Care funding, please respond to items 1 through 5.

1. Project summary. Please provide the following:

- a. Names of applicant and sponsor (if appropriate)
- b. Program component
- c. Total S+C request
- d. The type of housing and number of units proposed
- e. The population to be served.

2. Homeless population to be served. Briefly describe the following:

- a. Their characteristics and needs for housing and supportive services.
- b. Where they will come from (streets and emergency shelters).
- c. The outreach proposed to bring them into the project.

3. Project (Housing) Quality

Up to 10 points will be awarded based on the extent to which your application demonstrates how the housing is appropriate to the needs of the persons to be served.

- a. Describe how the TYPE (e.g. apartments, group home) **and** SCALE (e.g. number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
- b. Describe how the basic COMMUNITY AMENITIES (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) will readily be accessible to your clients.
- c. Describe how the housing will be ACCESSIBLE to persons with disabilities in accordance with applicable laws.
- d. Describe how services **and** treatment will be LINKED to permanent housing so that the target population will be sustained in that housing.

4. Applicant Capacity

Up to 10 points will be awarded based on the experience of all organizations involved in carrying out the project.

- a. Describe the project applicant's experience specifically in providing housing, especially for the population to be assisted by this project.
- b. Describe the project applicant's performance in administering housing activities, especially in serving the population to be assisted by this project.

5. Timeliness

Up to 10 points will be awarded based on the demonstrated ability of the applicant and project sponsor to execute the program in a timely manner.

- a. Describe the applicant's and project sponsor's ability to achieve rapid project start-up based on site control, permitting, minor rehabilitation, and occupancy and rehab schedules.
- b. Describe the applicant's and project sponsor's ability to outreach to the target population and swiftly bring them into the program and occupy all units committed in the application.

[To be completed only by applicants requesting Shelter Plus Care funding.]

Section B. Component Selection

Select the S+C component that describes your project (check only one box)

☐ TRA

☐ SRA

☐ PRA without Rehab

Section C. Project Information (please type or print)

Project Name:	
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA projects):	Project Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA projects):	
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA projects):	

Section D. Targeted Disabilities

In each category shown in the chart below, estimate, *when the program is fully operational*, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families	Number of Participants
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families	
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) + (b) +(c)]	

Section E. Major Milestones

Please complete the chart by entering the number of months planned from grant execution to the following milestones:

First Unit Occupied	Supportive Services Begin	Last Unit Occupied
months	months	months

Section F. Budget

Fill out the information requested for the S+C component you are requesting funding for. Make certain that **only one** component (TRA, SRA, PRA without rehab) budget is completed in this section.

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.

F.1. Tenant-based Rental Assistance (TRA) Project Budget

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each single room occupancy SRO unit is equal to 75 percent of the 0-bedroom FMR.

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Requested Units	X	FMR \$	X	=	Total Amount \$
SRO				60		
0 Bedroom				60		
One Bedroom				60		
Two Bedroom				60		
Three Bedroom				60		
Four Bedroom				60		
Other: (specify)				60		
Total TRA Assistance						\$

F.2. Sponsor-based Rental Assistance (SRA) Project Budget

A. Nonprofit Status: Nonprofit organizations must attach to this section one of the following:

- Private nonprofit organizations must submit a copy of their IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary on page 4.
- Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

B. Housing Description. Complete the chart below indicating the address of the specific structure(s) to be used, the number of units by bedroom size in each, and whether it is or will be owned or leased by the nonprofit entity.

Address (street, city, State & zip)	Number of Units by Size							Owned / Leased (check one)	
	SRO	0	1	2	3	4	>4		

Reminder: You may only have one sponsor per project.

C. Grant Amount. In the following chart, show the number of units by size expected to be owned or leased by the sponsor. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. *Complete a separate chart for each jurisdiction that has a different FMR.*

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	FMR \$	Number of Months X	Total Amount Requested = \$
SRO			60	
0 Bedroom			60	
One Bedroom			60	
Two Bedroom			60	
Three Bedroom			60	
Four Bedroom			60	
Other: (specify)			60	
Total SRA Assistance				\$

F.3. Project-based Rental Assistance (PRA) Project Budget

A. Site. In the chart below, indicate the address of the property to be assisted.

Address: (street, city, State and zip)

B. Grant Amount. For each property, complete a separate copy of the appropriate chart below showing the number of units by size, expected to be assisted at this property. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by the number of months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

Chart 1. PRA Units without Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	Total Amount Requested = \$
SRO					60	
0 Bedroom					60	
One Bedroom					60	
Two Bedroom					60	
Three Bedroom					60	
Four Bedroom					60	
Other: (specify)					60	
Total PRA without Rehab						\$

Section G. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

☐ Yes ☐ No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

☐ Yes ☐ No

Section H. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

- ☐ Severely Mentally Ill
☐ Chronic Substance Abusers
☐ Dually Diagnosed
☐ AIDS or Related Diseases

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

☐ Yes
☐ No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

☐ Yes
☐ No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

☐ Yes
☐ No

If "yes," please provide the name of the military installation: _____